Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10/004860

|                                                                                      |                                                |                                           | SMALL ENTITY      |              |                              | OTHER THAN                           |        |                     |                        |         |                     |                        |
|--------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------|--------------|------------------------------|--------------------------------------|--------|---------------------|------------------------|---------|---------------------|------------------------|
|                                                                                      |                                                |                                           | (Column 1)        |              | (Column 2)                   |                                      | , 1    | TYPE                |                        | OR      | SMALL ENTITY        |                        |
| TOTAL CLAIMS                                                                         |                                                |                                           |                   |              |                              |                                      |        | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR                                                                                  |                                                |                                           | NUMBER FILED      |              | NUMBER EXTRA                 |                                      |        | BASIC FEE           | 370.00                 | OR      | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                              |                                                |                                           | 52 minus 20=      |              | * 32                         |                                      |        | X\$ 9=              |                        | OR      | X\$18=              | 576                    |
| INDEPENDENT CLAIMS                                                                   |                                                |                                           | ) minus 3 =       |              |                              |                                      |        | X42=                |                        | OR      | X84=                | 588                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                     |                                                |                                           |                   |              |                              |                                      |        | +140=               |                        | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |                                                |                                           |                   |              |                              |                                      |        | TOTAL               |                        | OR      | TOTAL               | 1904                   |
| CLAIMS AS AMENDED - PART II                                                          |                                                |                                           |                   |              |                              |                                      |        |                     |                        |         | OTHER THAN          |                        |
|                                                                                      |                                                | (Column 1)                                |                   | (Colu        |                              | (Column 3)                           |        | SMALL               | ENTITY                 | OR      | SMALL               | ENTITY                 |
| AMENDMENT A                                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                      | Total                                          | *                                         | Minus             | **           |                              | =                                    |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                                                                                      | Independent                                    | *                                         | Minus             | ***          | T CL AINA                    | =<br>                                |        | X42=                |                        | OR      | X84=                |                        |
| L                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |              |                              |                                      |        | +140=               |                        | OR      | +280=               |                        |
|                                                                                      |                                                |                                           |                   |              |                              |                                      |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|                                                                                      | (Column 1) (Column 2) (Column 3)               |                                           |                   |              |                              |                                      |        |                     |                        |         |                     |                        |
|                                                                                      |                                                | CLAIMS                                    |                   | HIG          | HEST                         |                                      | ٦ ۱    |                     | ADDI-                  |         |                     | ADDI-                  |
| AMENDMENT B                                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV         | MBER<br>IOUSLY<br>DFOR       | PRESENT<br>EXTRA                     |        | RATE                | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
|                                                                                      | Total                                          | *                                         | Minus             | **           |                              | =                                    |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                                                                                      | Independent                                    | *                                         | Minus             | ***          |                              | =                                    | ┛╏     | X42=                |                        | OR      | X84=                |                        |
| Ľ                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |              |                              |                                      | ┛╽     | +140=               |                        | OR      | +280=               |                        |
|                                                                                      |                                                |                                           |                   |              |                              |                                      |        | TOTAL               |                        | OR      | TOTAL               |                        |
|                                                                                      |                                                | ADDIT. FEE                                |                   |              | ADDIT. FEE                   |                                      |        |                     |                        |         |                     |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                      |                                                |                                           |                   |              |                              |                                      |        |                     |                        |         |                     | 1 4001                 |
| AMENDMENT C                                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUI<br>PREV  | MBER<br>TOUSLY<br>O FOR      | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                      | Total                                          | *                                         | Minus             | **           |                              | =                                    |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
| ME                                                                                   | Independent                                    | *                                         | Minus             | ***          |                              | =                                    | 4      | X42=                |                        | OR      | X84=                |                        |
|                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |              |                              |                                      |        | +140=               |                        | OR      | +280=               |                        |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                           |                   |              |                              |                                      |        |                     |                        | 4       | TOTAL               | <del> </del>           |
| *                                                                                    | If the "Highest No                             | umber Previously F                        | Paid For" IN TH   | IS SPACE     | is less that                 | an 20, enter "20<br>an 3, enter "3 " | •      | TOTAL<br>ADDIT. FEE |                        | OR      | ADDIT. FEE          | <u> </u>               |
|                                                                                      | Th "Highest N                                  | mber Aveviously P                         | aid For" (Total o | or Indepen   | dent) is the                 | e highest numb                       | ber fo | und in the ap       | propriate bo           | x in co | olumn 1.            |                        |